



STATE OF NEBRASKA

Department of Health and Human Services
Regulation and Licensure - Credentialing Division
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-2117

APPLICATION FOR A MENTAL HEALTH PRACTICE LICENSE AND CERTIFICATION

Check appropriate application(s) below:

(Please print or type application)

- ☐ MENTAL HEALTH PRACTITIONER (MHP)
☐ Marriage and Family Therapy (CMFT)
☐ Professional Counseling (CPC)
☐ Master Social Work (CMSW)

SECTION A – PERSONAL INFORMATION (All applicants must complete this section) **This section is public information and will be displayed on the INTERNET (<http://www.hhs.state.ne.us/lis/lisindex.htm>)**

NOTE: All mailings from this office will be sent to the public address you indicate below– if you change your address, you must advise this office.

| | | | | |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|-------|
| 1 | Name: | First: | Middle/MI: | Last: |
| 2 | Public Address: | Street/PO/Route: | | |
| | | City: | State: | Zip: |
| 3 | Date of Birth: | | Place of Birth: | |
| 4 | Social Security #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB) | | | |

(If your transcript does not verify proof of age, submit evidence of age of majority, i.e.: birth certificate, marriage license, driver's license, or similar documentation – YOU DO NOT NEED TO SEND THIS INFORMATION AGAIN IF YOU HAVE DONE SO ALREADY.)

SECTION B - LICENSURE and CERTIFICATION FEES
☐ **Mental Health Practice License:**

Determine the month and year in which you are submitting your application. If the month falls in the shaded area of the following chart, the fee for initial licensure is **\$52.00**. If the month falls in the unshaded area, the fee for initial licensure is \$51.00 or 26.00 dollars if **your license is issued within 180 days of the renewal**.

| YEAR | Jan | Feb | Mar | Apr | May | June | July | Aug | Sep | Oct | Nov | Dec |
|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Even Numbered Year | 51.00 | 51.00 | 26.00 | 26.00 | 26.00 | 26.00 | 26.00 | 26.00 | 52.00 | 52.00 | 52.00 | 52.00 |
| Odd Numbered Year | 52.00 | 52.00 | 52.00 | 52.00 | 52.00 | 52.00 | 52.00 | 52.00 | 51.00 | 51.00 | 51.00 | 51.00 |

| Certifications (check the certification(s) you are wishing to obtain): | | Fee |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> | Certification as a Marriage and Family Therapist (must also be applying for or have a Mental Health Practice License) | \$ 25.00 |
| <input type="checkbox"/> | Certification as a Professional Counselor (must also be applying for or have a Mental Health Practice License) | \$ 25.00 |
| <input type="checkbox"/> | Certification as a Master Social Worker (must also be applying for or have a Mental Health Practice License) | \$ 25.00 |
| <input type="checkbox"/> | Master Social Work Certification Only (not requesting a Mental Health Practice License) If you will not be providing mental health services and do not wish to apply for the license as a mental health practitioner check this category. (An applicant who holds the certification as a master social worker without being licensed may only practice within the confines of Neb. Rev. Stat. 71-1,311(1)) | \$27.00 if applying during shaded months above or 26.00 if during unshaded months |

(Make payable to Credentialing Division)

NOTE: All licenses expire 9/1 of even years.

| SECTION C - EXAMINATION CATEGORY (All applicants must complete this section) Check all that apply | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|----------------------------------|--------------------------------|
| Please indicate which examination you have taken and the type of examination below by placing a "X" in the first column and a "X" in the type of examination if you took the NBCC examination or AASSWB examination: | | | | | |
| <input type="checkbox"/> | National Board for Certified Counselor Examination (NBCC) | NCE <input type="checkbox"/> | NCMHE <input type="checkbox"/> | | |
| <input type="checkbox"/> | Association of Marital and Family Therapy Regulatory Boards (AMFTRB) Examination | | | | |
| <input type="checkbox"/> | American Association of State Social Work Boards (AASSWB) | Clinical <input type="checkbox"/> | Advanced <input type="checkbox"/> | Level C <input type="checkbox"/> | |
| <input type="checkbox"/> | Other Examination, Name: _____ | | | | |
| | Date of Examination: _____ | Score received: _____ | | | |
| Was examination administered by this office? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If no, in what State did you take the examination:</i> _____ | | | | | |
| <i>you must submit an official copy of your scores sent directly from the appropriate examination service or State Board Office.</i> | | | | | |

| SECTION D – CONVICTION AND LICENSURE INFORMATION: All applicants must complete this section. | | | | | |
|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|----------------|------------------------------------|
| Question | Yes | No | Type of Crime or Licensure Action | Date of Action | Name of Court/Entity Taking action |
| Have you ever been convicted of a misdemeanor or felony? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
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| Has disciplinary action been taken against your license or certification? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
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If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition
- BAC level (if conviction was alcohol related)
- All addiction/mental health evaluations (if the conviction involved a drug and/or alcohol related offense)
- If you are/were on probation, a letter from your probation officer referencing your probationary progress or date of release
- A letter from the applicant explaining the nature of the conviction

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|---------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------------|-----------------------------------|
| | Yes | No | | |
| Are you licensed or certified in another state? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what State are you licensed in? | What type of license do you hold? |
| Have you ever surrendered your license or certification? | <input type="checkbox"/> | <input type="checkbox"/> | Type of Licensure Action | Date of Action |
| | | | | |
| | | | | |
| Has action been taken to suspend or revoke your license or certification? | <input type="checkbox"/> | <input type="checkbox"/> | Type of Licensure Action | Date of Action |
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If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Documents from the State Board in which the disciplinary action was taken
- Certification of your license/certificate in another state

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| SECTION E - EXPERIENCE (List below the experience you claim as qualifying experience. The supervised experience must be earned after conference of the master's degree and within 5 years of the date of your application for licensure/certification) Your supervisor must submit Attachment A1 to verify this information. | | | | |
| Experience Dates: | From: (Month/Day/Year) | | To: (Month/Day/Year) | |
| Brief Statement of Work: | | | | |
| | | | | |
| Name of Employer or Business Name: | | | | |
| | Company: | | | |
| Address of Employer | Street/PO/Route: | | | |
| | City: | | State: | Zip: |
| Name of Professional Supervisor: | First: | | Middle: | Last: |
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| SECTION F - ATTESTATION |
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I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

- ☐ I have not practiced Mental Health without a license in Nebraska prior to this application for licensure; **or**
- ☐ I have practiced mental health without a license for ____ number of days in Nebraska prior to this application for licensure (does not include internship time or if you held a provisional license).

(Signature of Applicant)

_____ date

MENTAL HEALTH PRACTICE

COMPLETE THIS IF YOU HAVE NOT PREVIOUSLY SUBMITTED COURSEWORK

☐ check if PREVIOUSLY SUBMITTED

SECTION G – *Mental Health Practice* COURSE WORK requirements

YOU MUST SUBMIT: *An official transcript verifying receipt of your master's or doctorate degree*

Degree Received: _____ Major: _____ Date Received: _____

If you received a master's degree from one of the following accredited programs, you do not have to complete the information listed below in coursework review:

Check applicable accreditation:

- ☐ Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- ☐ Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- ☐ Council on Social work Education (CSWE)
- ☐ American Psychological Association (APA)

COURSEWORK REVIEW

If you received a master's degree from a program other than those listed as accredited, your degree must consist of course work and training which was primarily therapeutic mental health in content from an institution of higher education approved by for the Council for Higher Education Accreditation (CHEA) or its successor; and you must submit course descriptions for each course(s) listed below (course descriptions may be copies found in the college catalogue, bulletin, or syllabus)

(Please list the name of the course, the course number and the name of the institution in which the course was completed).

PRACTICUM OR INTERNSHIP *(If completed after September 1, 1995, the practicum or internship must include a minimum of 300 clock hours of direct client contact of which 150 clock hours must be face-to-face in a work setting under the supervision of a qualified supervisor – Any artificial situation where a person presents a problem, such as role playing, is not acceptable) **Your supervisor or internship director must submit Attachment C1 to verify fulfillment of the practicum/internship requirement.***

| Name of Course | Course Number | College/University |
|----------------|---------------|--------------------|
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If your **practicum** was **completed prior to September 1, 1995**, there is no hour requirement and Attachment C1 is not required – however, you must still list the practicum/internship above.

Coursework Area Required by Nebraska

1. THEORIES AND TECHNIQUES OF HUMAN BEHAVIOR INTERVENTION: At least 6 semester hours or 9-quarter hours.

Courses that cover therapeutic techniques and strategies for human behavioral intervention. This includes major contributions of the biological, behavioral, cognitive, and social sciences relevant to understanding assessment and treatment of the person and his/her environment with emphases on the social systems framework, personality theories and individual development through the life cycle, and their application.

| Name of Course(s) | Course Number | College/University |
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2. PROFESSIONAL ETHICS AND ORIENTATION: At least 3 semester hours or 4.5-quarter hours. The application of ethical and legal issues to the practice. Examples are: family law, codes of ethics, boundaries, peer review, record keeping, confidentiality, informed consent, and duty to warn.

| Name of Course(s) | Course Number | College/University |
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3. ASSESSMENT TECHNIQUES REQUIRED FOR MENTAL HEALTH PRACTICE: At least 3 semester hours or 4.5-quarter hours. Includes the process of collecting pertinent data about client or client systems and their environment and appraising the data as a basis for making decisions regarding treatment and/or referral. Examples are ability to make a clinical diagnostic impression, knowledge of psychopathology, and assessment of substance abuse and other addictions.

| Name of Course(s) | Course Number | College/University |
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| SECTION G – <i>Mental Health Practice</i> COURSE WORK (Continued) | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|
| 4. HUMAN GROWTH AND DEVELOPMENT: At least 3 semester hours or 4.5-quarter hours. The intergration of the psychological, sociological and biological approaches within the life cycle. Examples are awareness of culture, gender, or human sexuality at developmental levels, human behavior (normal and abnormal), personality theory, and learning theory. | | |
| Name of Course(s) | Course Number | College/University |
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| 5. RESEARCH AND EVALUATION: At least 3 semester hours or 4.5-quarter hours. Includes such areas as statistics or research design and development of research and demonstration proposals. | | |
| Name of Course(s) | Course Number | College/University |
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Undergraduate Courses Graduate programs accepting an undergraduate course(s) as meeting the above course criteria will be acceptable. The school must submit a notarized letter, on institutional letterhead, from an authorized person, i.e., the Department Chair of the program, stating the undergraduate course(s) was accepted to meet the educational requirement(s) of the master's degree.

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| For Office Use Only Date reviewed: _____ by: _____ |
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MARRIAGE AND FAMILY THERAPIST

**COMPLETE THIS INFORMATION IF YOU ARE REQUESTING MFT
CERTIFICATION AND HAVE NOT PREVIOUSLY SUBMITTED COURSEWORK**

☐ check if PREVIOUSLY SUBMITTED

SECTION H - *Marriage and Family Therapy* COURSE WORK requirements

If you graduated from a marriage and family therapy program that **was approved by COAMFTE, you do not need to complete the following coursework.**

COURSEWORK REVIEW

For related MFT programs or NON-COAMFTE programs, list the name of the course, the course number and the name of the institution in which the course was completed. ***An official course description must be attached for each course listed.***

MARRIAGE AND FAMILY STUDIES (9 semester or 13.5 quarter or a combination of these hours) Courses in this area should be a fundamental introduction to systems theory. The student should learn to understand family structures and functioning within the social systems framework (including environmental context) and regarding diverse range of presenting issues (i.e. gender, cultural, substance abuse). Topic areas may include: systems theory, family development, family subsystems, blended families, gender issues in families, cultural issues in families, etc.

This area must have a major focus from systems theory orientation and encompass the social systems orientation. Survey or overview courses in which systems in one of several theories covered is not appropriate. Courses in which systems theory is the overarching framework and other theories are studied in relations to systems theory are appropriate.

| Course Name | Course # | College/University |
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MARRIAGE AND FAMILY THERAPY (9 semester or 13.5 quarter or a combination of these hours) Courses in this area should have a major focus on family systems theory and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change, the applied practices evolving from each theoretical orientation, including diagnosis/assessment of individuals, couples and families. Major theoretical approaches might include: strategic, structural, object relations, cognitive behavioral, intergenerational, and integrative models of therapy with individuals, couples, and families.

| Course Name | Course # | College/University |
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HUMAN DEVELOPMENT (9 semester or 13.5 quarter or a combination of these hours) Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant course work in human development across the life span, which includes special issues that effect an individual's development (i.e. culture, gender, and human sexuality). Topic areas may include human development, child/adolescent development, psychopathology, personality theory, human sexuality, etc. This material should be integrated with systems concepts. Test and measurement courses are not accepted toward this area.

| Course Name | Course # | College/University |
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| SECTION H - <i>Marriage & Family Therapy</i> COURSE WORK (Continued) | | |
| PROFESSIONAL STUDIES (3 semester or 4.5 quarter or a combination of these hours) Courses in this area are intended to contribute to the professional development of the therapist. Areas of study should include the therapist's legal responsibilities and liabilities, professional ethics relevant to marriage and family issues, professional values and socialization, and the role of the professional organization, licensure or certification legislation, independent practice and interpersonal cooperation. Religious ethics courses and moral theology courses are not accepted toward this area. | | |
| Course Name | Course # | College/University |
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| RESEARCH (3 semester or 4.5 quarter or a combination of these hours) Courses in this area should assist students in understanding and performing research. Topic areas may include research methodology, quantitative methods and statistics. Individual personality and test and measurement courses are not accepted toward this area. | | |
| Course Name | Course # | College/University |
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| PRACTICUM (minimum 6 semester hours or 9 quarter hours, 300 hours of supervised direct client contact with individuals, couples and families, and of this 300 hours, no more than 150 hours may be with individuals) | | |
| Course Name | Course # | College/University |
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For Office Use Only
Date reviewed: _____ by: _____

PROFESSIONAL COUNSELOR

**COMPLETE THIS INFORMATION IF YOU ARE REQUESTING PC
CERTIFICATION AND HAVE NOT PREVIOUSLY SUBMITTED COURSEWORK**

☐ check if PREVIOUSLY SUBMITTED

SECTION I - *Professional Counseling* COURSE WORK requirements

If your program is accredited by CACREP **OR** is a counseling program from a regionally accredited educational institution, you are not required to complete the following coursework review information.

THE FOLLOWING MUST BE COMPLETED BY APPLICANTS APPLYING WITH A MASTER'S DEGREE IN A RELATED FIELD OFFERED BY A REGIONALLY ACCREDITED HIGHER EDUCATIONAL INSTITUTION; OR A PROGRAM IN COUNSELING OR RELATED FIELD FROM A NON-ACCREDITED PROGRAM

Please list the name of the course, the course number and the name of the institution in which the course was completed) **An official course description must be attached for each course listed.**

COURSEWORK REVIEW

COUNSELING THEORY (At least 3 semester hours) Includes a study of basic theories principles and techniques of counseling and their application to professional counseling settings.

| Course Name | Course # | College/University |
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SUPERVISED COUNSELING PRACTICUM Refers to supervised counseling experience in a work/community based setting of at least one semester in duration for a minimum of 3 hours academic credit as part of a master's program component

| Course Name | Course # | College/University |
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YOU MUST PROVIDE EVIDENCE OF AT LEAST 3 SEMESTER HOURS IN 5 OF THE FOLLOWING 8 AREAS:

HUMAN GROWTH AND DEVELOPMENT Includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels. Emphasis is placed on biopsychosocial approaches. Also included are such areas as human behavior (normal and abnormal), personality theory and learning theory

| Course Name | Course # | College/University |
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SOCIAL AND CULTURAL FOUNDATIONS Includes studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns cultural mores, use of leisure time and differing life patterns. Such disciplines as the behavioral sciences, economics and political science are involved.

| Course Name | Course # | College/University |
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| SECTION I - Professional Counseling COURSE WORK (Continued) | | |
| HELPING RELATIONSHIP Includes philosophic bases of the helping relationship; consultation theory, practice, and application; and an emphasis on development of counselor and client (or consultee) self-awareness. | | |
| Course Name | Course # | College/University |
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| GROUP DYNAMICS, PROCESSING AND COUNSELING Includes theory and types of groups, as well as descriptions of group practices, methods, dynamics, and facilitative skills. This also includes supervised practice. | | |
| Course Name | Course # | College/University |
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| LIFESTYLE AND CAREER DEVELOPMENT Includes such areas as vocational choice theory, relationship between career choice and lifestyle, sources of occupational and educational information, approaches to career decision making processes and career exploration techniques. | | |
| Course Name | Course # | College/University |
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| APPRAISAL OF INDIVIDUALS Includes the development of framework for understanding the individual including methods of data gathering and interpretation, individual and group testing, case study approaches, and the study of individual differences. Ethnic, cultural and sex factors are also considered. | | |
| Course Name | Course # | College/University |
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| RESEARCH AND EVALUATION Includes such areas as statistics, research design and development of research and demonstration proposals. It includes understanding legislation relating to the development of research, program development and demonstration proposals, as well as the development and evaluation of program objectives | | |
| Course Name | Course # | College/University |
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| PROFESSIONAL ORIENTATION Includes goals and objectives of professional organizations, codes of ethics legal considerations, standards of preparation, certification, licensing, and role identity of counselors and of other personal services specialists. | | |
| Course Name | Course # | College/University |
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| For Office Use Only Date reviewed: _____ by: _____ |
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NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION & LICENSURE - Credentialing Division
P. O. Box 94986 - LINCOLN, NE 68509-4986
(402) 471-2117

This form must be completed by each supervisor at the conclusion of supervised hours. **These hours must be earned after receipt of an approved master's degree and within the 5 years immediately prior to the date the application for a full license is submitted.**

(Print or Type)

**AFFIDAVIT OF SUPERVISED EXPERIENCE
IN MENTAL HEALTH PRACTICE,
MARRIAGE AND FAMILY THERAPY,
PROFESSIONAL COUNSELING, AND/OR
SOCIAL WORK**

PART I - All Applicants must complete this part - AFTER COMPLETION OF THE HOURS.

I, _____, being first duly sworn, state that I am
(supervisor's name)
a qualified supervisor, in the profession of _____, and that I am acquainted
with _____.
(applicant)

PART II - Applicants must complete Section A below, if applying for a license as a mental health practitioner; if in addition to the license you are applying for an associated certification, you must also complete either B or C or both. If you are applying only for certification as a master social worker, do not complete section A and B.

A. Mental Health Practice: (complete this section if you are applying for a mental health practice license)

Activities: treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

List only the hours that you personally supervised the applicant:

The above named applicant has completed _____ direct (face-to-face) client contact hours and _____ non-direct hours of mental health activities under my supervision within the past 5 years. I further state that I have met with the applicant face-to-face for a minimum of one hour per week: ☐ yes ☐ no. If no, please explain: _____.

Dates of supervision: from _____ to _____.
(month/day/year) (month/day/year)

Supervisor's Credentials (please check appropriate credential below):

(for hours earned **before** September 1, 1994):

- ☐ qualified physician (**must submit vitae showing specialized training in mental health or a copy of documentation showing the physician is a board certified psychiatrist**)
- ☐ licensed clinical psychologist
- ☐ certified professional counselor
- ☐ certified master social worker
- ☐ qualified for certification as a marriage and family therapist

(for hours earned **after** September 1, 1994):

- ☐ qualified physician (**must submit vitae showing specialized training in mental health or a copy of documentation showing the physician is a board certified psychiatrist**)
- ☐ licensed psychologist
- ☐ licensed mental health practitioner

You may make additional copies of this form if supervised by more than one supervisor

The supervisor must sign the signature section on the reverse side of this form.

www.hhs.state.ne.us/crl/mhcs/mental/mhpapp.pdf

B. Marriage and Family Therapy: (complete this section if you are applying for both the mental health practice license and certification as a marriage and family therapist)

Activities: assessment and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems through the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such disorders.

I further state that the supervised experience: focused on raw data from the applicant's clinical work which was made directly available to me through such means as written clinical materials, direct observation, and video and audio recording; included a process which was distinguishable from personal psychotherapy or didactic instruction; and

consisted of _____ direct (face-to-face) client contact hours and _____ non-direct hours under my supervision

from _____ to _____. Additionally, the supervision did include face-to-face contact for a minimum of a cumulative ratio of 2 hours per week per 15 hours of supervisee's contact with clients - no more than 45 hours shall accumulate without supervision, and did not include more than 6 persons at one face-to-face supervisory setting: ☐ Yes ☐ No

Supervisor's Credentials: 'Approved Supervisor' designation certificate from the AAMFT
Training in clinical supervision equivalent to 15 didactic hours, **AND**
3 years of experience supervising the provision of MFT.

C. Master Social Worker: (complete this section if you are applying for both the mental health practice license and certification as a master social worker or if applying only for certification as a master social worker)

Yes No Activities: (check below the activities performed)

- | | | |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Information, resource identification and development, and referral services |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Preparation & evaluation of psychosocial assessments & development of social work service plans |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Case management, coordination, and monitoring of social work service plans in the areas of personal, social, or economic resources, conditions, or problems |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Development, implementation, and evaluation of social work programs and policies |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Supportive contacts to assist individuals and groups with personal adjustment to crisis, transition, economic change, or a personal or family member's health condition |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Social casework for and prevention of psychosocial dysfunction, disability, or impairment |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Social work research, consultation, and education |

for _____ hours under my supervision from _____ to _____.

Supervisor's Credentials: ☐ Licensed Mental Health Practitioner and Certified Master Social Worker
☐ Certified Master Social Worker

PART III – Supervisor's Signature (All supervisors must complete this section)

I hereby state that I am the person completing this form and the statements are true and complete.

(Print/type) SUPERVISOR Name and Title

Date Signed:

Signature

AGENCY/INSTITUTION

STREET ADDRESS

CITY STATE ZIP

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 REGULATION & LICENSURE - Credentialing Division
 P. O. Box 94986 - LINCOLN, NE 68509-4986
 (402) 471-2117

IF you have already submitted this form, you are not required to resubmit. If you have not, and your practicum/internship was completed after September 1, 1995, this form MUST be completed by the on-site supervisor or internship director.

AFFIDAVIT OF SUPERVISED PRACTICUM OR INTERNSHIP FOR MENTAL HEALTH PRACTICE

I, _____,
 (PRINT supervisor's name)

state that I am a qualified supervisor, in the profession of ☐ mental health practice ☐ marriage and family therapy

☐ social work ☐ psychology, and that I am acquainted with _____ and he/she

has completed a practicum/internship, which included a minimum of 300 clock hours of direct client contact of which 150 clock hours must be face-to-face in a work setting, providing mental health services under my supervision.

➔ **Mental Health Services means** treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

Marriage and Family Therapy: If the applicant is also applying for certification as a Marriage and Family Therapist, the following must be completed:

I _____, further verify that the above named applicant has at least 300 clock hours of supervised direct client contact with individuals, couples and families. Of these 300 hours, no more than 150 hours were with individuals.

I hereby state that I am the person completing this form and the statements are true and complete.

 Date

 (Print/type) SUPERVISOR Name Title

 License/Certificate number
 of Supervisor

 AGENCY/INSTITUTION

 STREET ADDRESS

 CITY

 STATE

 ZIP

 SIGNATURE OF SUPERVISOR or INTERNSHIP DIRECTOR

You may make additional copies of this form if supervised by more than one supervisor